

54 GROUP HOME REQUIREMENTS

EFFECTIVE DATE: XX/XX/XXXX; July 19, 2023

REVIEW DATE:

REFERENCES: 42 § -C.F.R. 441.300-441.310; A.R.S. § 13-3602; A.R.S. § 36-401; A.R.S. §§ 36-501 et seq.; A.R.S. § 36-551; A.A.C. R9-10-2206; A.A.C. R9-10-101; A.A.C. R6-6-101; A.A.C. Title 6, Article 8; A.A.C. Title 6, Article 9; A.A.C. Title 6, Article 15; A.A.C. Title 6, Article 21; Qualified Vendor Agreement; Behavior Supports Manual Chapter 400; Behavior Supports Manual Chapter 500

PURPOSE

The purpose of this policy is to outline the requirements for Qualified Vendors when providing Group Home services for Division Members.

DEFINITIONS

1. "Acuity" means a patient's need for medical services, nursing services, or behavioral health services based on the patient's medical condition or behavioral health issue.

2. "Acuity plan" means a method for establishing nursing personnel requirements by unit based on a patient's acuity.

1.3. "Adult" means a person aged 18 years or above.

2.4. "Behavior Plan" means a written plan of services and

therapeutic interventions based on a complete assessment of a

25 Member's developmental and health status, strengths and needs
26 that are designed and periodically updated by the multispecialty,
27 interdisciplinary team.

28 3.5. "Behavioral Health Professional" means

- 29 a. An individual licensed under A.R.S. § 32, Chapter 33,
30 whose scope of practice allows the individual to:
- 31 i. Independently engage in the practice of behavioral
32 health as specified in A.R.S. § 32-3251, or
 - 33 ii. Except for a licensed substance abuse technician,
34 engage in the practice of behavioral health as
35 specified in A.R.S. § 32-3251 under direct
36 supervision as specified in A.A.C. R4-6-101.
- 37 b. A psychiatrist as specified in A.R.S. § 36-501.
- 38 c. A psychologist as specified in A.R.S. § 32-2061.
- 39 d. A physician.
- 40 e. A behavior analyst as specified in A.R.S. § 32-2091.
- 41 f. A registered nurse practitioner licensed as an adult
42 psychiatric and mental health nurse, or
- 43 g. A registered nurse:

- 44 i. A psychiatric-mental health nursing certification, or
45 ii. One year of experience providing behavioral health
46 services.

47 6. "Behavioral-Supported Group Home" or "BSGH" means a time-
48 limited service, designed for Members who have been deemed to
49 need intensive behavioral support that supports the Member's
50 choice to live in and access opportunities in their communities
51 through services offered in their Group Home.

52 4.7. "Business Hours" means the office hours that state offices are
53 kept open for transaction of business from 8:00 a.m. to 5:00
54 p.m., from Monday through Friday, excluding holidays, furlough
55 closure; or otherwise required by law, as per A.R.S. § 38-401.

56 5.8. "Child" means a person under the age of 18.

57 6.9. "Clinical Oversight" means monitoring provided by an
58 independently licensed BHP, by virtue of education, training and
59 experience, is capable of assessing the behavioral health history
60 of a Member to determine the most appropriate treatment plan.

61 7.10. "Clinical Oversight Meeting" means a professional staffing that
62 occurs at least monthly, for the purposes of monitoring the

63 Member's progress and the Qualified Vendor's compliance with
64 Division policy and ~~BSGH~~ ~~EBGH~~ service specifications.

65 8.11. "Court-Ordered Evaluation" or "COE" means an evaluation
66 ordered by the court as per A.A.C. R9-21-101.

67 9.12. "Court-Ordered Treatment" or "COT" means treatment ordered
68 by the court as per A.A.C. R9-21-101.

69 10.13. "Direct Support Professional" or "DSP" means a person
70 who delivers direct support in Home and Community-Based
71 Services with current training according to the training and/or
72 certification or licensing requirements of the Home and
73 Community-Based Service(s) they provide. DSPs support
74 Members to develop independent skills and be included in their
75 communities. DSPs may include Developmental Home Providers
76 and therapists who provide direct support.

77 11.14. "Emergency Receiving Home" means a Division Group
78 Home developed using the Vendor Call process to create vacant
79 capacity to be used for Members with an emergency need for
80 Group Home services.

81 ~~12. "Enhanced Behavioral Group Home" or "BSGH" means a~~
82 ~~time-limited service, designed for Members who have been~~
83 ~~deemed to need intensive behavioral supports, supports the~~
84 ~~Member's choice to live in and access opportunities in their~~
85 ~~communities through services offered in their Group Home.~~

86 13.15. "Functional Behavior Assessment" means a comprehensive
87 assessment consisting of different observations of the member in
88 one or more settings, with one or more caregivers; and includes
89 a comprehensive review of historical documents (e.g., Planning
90 Documents, evaluations, progress reports, Individualized
91 Education Program, data collection), indirect and direct
92 assessment, and recommendations for treatment.

93 14.16. "Group Home" or "Home" for the purposes of this policy
94 means the same as defined in A.R.S. § 36-551.

95 15.17. Home and Community-Based Services Settings Final Rule
96 means the requirements set forth by 42 C.F.R. §§ 441.300-
97 441.310 for HCBS settings to ensure individuals have full access
98 to the benefits of community living and the opportunity to
99 receive services in the most integrated setting appropriate.

100 ~~16-18.~~ 17-18. "Member" means the same as "client" as defined in A.R.S.

101 § 36-551.

102 ~~17-19.~~ 18-19. "Nesting" means a period of independent caregiving,
103 usually 24 to 48 hours for the Member while they are in the
104 Developmental Home, Nursing Supported Group Home, or
105 Intermediate Care Facility and the parent or caregiver has the
106 oversight of medical staff during that time period.

107 ~~18-20.~~ 19-20. "Nursing Supported Group Home" means the same as
108 defined in A.R.S. § 36-401.

109 ~~19-21.~~ 20-21. "Order of Protection" means any injunction or other court
110 order that is issued for the purpose of preventing violent or
111 threatening acts or harassment against, contact or
112 communication with or physical proximity to another person.

113 ~~20-22.~~ 21-22. "Person-Centered" means an approach to planning
114 designed to assist the ~~M~~member to plan their life and supports.
115 This model enables individuals to increase their personal self-
116 determination and improve their own independence.

117 23. "Planning Document" means a written plan developed through
118 an assessment of functional needs that reflects the services and

119 supports, paid and unpaid, that are important for and important
120 to the Member in meeting the identified needs and preferences
121 for the delivery of such services and supports.

122 ~~21. statement of services to be provided to a Division Member,~~
123 ~~including habilitation goals and objectives, that is developed~~
124 ~~following an initial eligibility determination and revised after~~
125 ~~periodic reevaluations.~~

126 24. "Planning Team" means a defined group of individuals comprised
127 of the Member, the Responsible Person if other than the
128 Member, and, with the Responsible Person's consent, any
129 individuals important in the member's life, including extended
130 family members, friends, service providers, community resource
131 providers, representatives from religious/spiritual organizations,
132 and agents from other service systems.

133 ~~22. a group of people including the Member; the Responsible~~
134 ~~Person; the Support Coordinator; other State of Arizona~~
135 ~~Department of Economic Security staff, as necessary; and any~~
136 ~~person selected by the Member, Responsible Person, or the~~
137 ~~Department.~~

138 23-25. “Predictable Staffing” means a consistent schedule of
139 direct support professionals that meets the needs of the
140 Mmember(s) and the Mmember(s) know and expect to be
141 working with them.

142 24-26. “Program Review Committee” or “PRC” means the
143 assembly of designated individuals that review and approve
144 Behavior Plans meeting the criteria outlined in Article 9 prior to
145 implementation.

146 25-27. “Qualified Vendor” means any person or entity that has a
147 Qualified Vendor Agreement with the Division of Developmental
148 Disabilities.

149 26-28. “Residential Services” means, ~~for the purpose of this~~
150 ~~policy,~~ the same as Community Residential Setting defined in
151 A.R.S. § 36-551 (15), except this policy does not apply to state-
152 operated services.

153 27-29. “Responsible Person” means the parent or guardian of a
154 minor with a developmental disability, the guardian of an adult
155 with a developmental disability or an adult with a developmental

156 disability who is a Member or an applicant for whom no guardian
157 has been appointed as per A.R.S. § 36-551 (39).

158 **POLICY**

159
160 **A. REQUIREMENTS FOR ALL GROUP HOMES**

- 161
162 1. The Qualified Vendor shall provide a safe, stable, individualized
163 environment that is Person-Centered with:
- 164 a. Predictable staffing;
 - 165 b. Daily routines;
 - 166 c. Promotes independence, autonomy, Member choice and
167 control as much as possible while assuring Member health
168 and safety; and
 - 169 d. Offers and supports social and leisure activities based on
170 what the Member likes to do, supports relationships that
171 are important to the Member by enabling frequent contact
172 with people who care about the Member, and supports
173 Members with integrating into their communities.
- 174 2. Qualified Vendors shall only accept Member referrals for
175 Residential Services from the Division.

- 176 3. Qualified Vendors operating standard Group Homes, Emergency
177 Receiving Homes, and Nursing Supported Group Homes in which
178 a Member resides shall ensure:
- 179 a. An approved Behavior Plan is in place for Members as
180 outlined in the Division Behavior Support Policy Manual
181 and A.A.C. R6-6-904 within 90 days of move-in and
182 approved annually; and
 - 183 b. Have staff that are trained and monitored to implement a
184 Member's Behavior Plan as written.
- 185 4. Qualified Vendors shall ensure all Group Homes operated by the
186 Qualified Vendor in which Members reside are:
- 187 ~~a.~~ Licensed by the Arizona Department of Health Services
188 (ADHS) and approved by the Division;
 - 189 ~~a.b.~~ AssignedHave a site code by the Division issued for each
190 Ggroup Hhome by the Division;
 - 191 ~~b.c.~~ Meet the requirements of the Home and Community Based
192 Services Final Rule; and
 - 193 ~~c.d.~~ Meet required Group Home staffing levels as outlined in
194 Provider Manual Chapter 52.

- 195 5. Qualified Vendors shall allow adult and child Members to live in
196 the same Group Home operated by the Qualified Vendor if:
- 197 a. Approved by the Responsible Person(s) of the child and
198 adult; and
- 199 b. Documented in the Planning Document of both the child
200 and adult.
- 201 6. Staff of all Group Homes operated by the Qualified Vendor shall
202 accompany and provide support to Members until admitted as
203 inpatient ~~to a hospital., to Members residing in the Group Home~~
204 ~~who are:~~
- 205 ~~ai. Entering emergency departments;~~
- 206 ~~bii. Entering crisis facilities; or~~
- 207 ~~ciii. Entering an outpatient or inpatient facility for a planned~~
208 ~~procedure.~~
- 209 7. The Qualified Vendor providing Group Home services shall
210 ensure Members ~~being served by the Qualified Vendor~~ are
211 accompanied by Group Home staff during emergency transport if
212 available.

213 7.8. Qualified Vendors shall participate in discharge planning and
214 ~~allany~~ staffings with the hospital or crisis facility while a Member
215 is inpatient.

216 8.9. Qualified Vendors shall participate in transition meetings for
217 Members moving into or from a Group Home.

218 10. The Qualified Vendor shall accept the Member back to the Group
219 Home as determined by the Planning Team upon discharge from
220 the hospital or crisis facility.

221 11. The Qualified Vendor shall not delay the Member's return to the
222 Group home upon discharge from the hospital or crisis facility.

223 9.12. Qualified Vendors shall assist with the petition for Court Ordered
224 Evaluation (COE) or Court Ordered Treatment (COT) upon
225 witnessing an event that impacts the safety of the Member or
226 others, when necessary in accordance with A.A.C. R9-21-101
227 and A.R.S. § 36-520.

228 10.13. Qualified Vendors shall continue to provide support to the
229 Member until the petition is accepted by the court and the
230 Member is admitted to a facility for COE or COT.

231 ~~11.14.~~ If the petition for COE or COT is not accepted by the court,
232 the Qualified Vendor shall transport the Member back to the
233 Group Home.

234 ~~12.15.~~ The Qualified Vendor operating a Group Home in which
235 Members reside shall notify the Division's Statewide Residential
236 Network team within 24 hours if a Member:

- 237 a. Is unable to return to the Group Home due to the Member
238 having been served an Order of Protection; or
239 b. Requires emergency relocation to an alternative Group
240 Home.

241 ~~13.16.~~ Qualified Vendors who have service authorizations for
242 Members served with an Order of Protection shall continue to
243 serve those Members as allowed for in 6 A.A.C. 6 Article 21.

244 ~~14.17.~~ Qualified Vendors shall maintain an after business hours
245 contact and provide the after business hours contact information
246 to the Division.

247 ~~15.18.~~ The Qualified Vendor operating a Group Home in which
248 Members reside shall not restrict a Member's ability to access
249 their community and common areas within the Group Home

250 environment unless the restriction is approved in the Member's
251 Behavior Plan.

252 16.19. Qualified Vendors operating a Group Home in which
253 Members reside shall maintain at least three days worth of meals
254 and snacks based on:

- 255 a. The menu for each Group Home; and
- 256 b. Special dietary needs.

257 20. ~~The~~ Qualified Vendors operating a Group Home in which
258 Members reside shall participate in Member meetings as outlined
259 in Provider Manual Chapter 2.

260 21. Qualified Vendors providing Group Home services shall obtain
261 and maintain the following records of Members who reside in the
262 Group Home:

- 263 a. Vital information documentation
 - 264 i. The name, address, and telephone numbers of the
265 health care provider for each Member;
 - 266 ii. The name and telephone numbers of the health plan
267 and insurance carrier for each resident and the

- 268 process for authorization of health care for each
269 Member;
- 270 iii. Guardianship status for each Member, if applicable;
271 iv. The name and telephone number of the Responsible
272 Person;
- 273 v. The person to be contacted in case of emergency for
274 each Member;
- 275 vi. Member funds ledger;
276 vii. Member's Group Home attendance records;
277 viii. Member's behavioral health documentation:
278 (a) Pre-move Behavior Plan;
279 (b) Post-move Behavior Plan; and
280 (c) Data collected from behavioral observations
281 from the last 30 days.
- 282 b. Documentation of individualized needs
- 283 i. Completed Pre-service Provider Orientation (DDD-
284 097A) form;
- 285 ii. Nutritional needs or special diets with parameters;
286 iii. Special fluid intake needs;

- 287 iv. Prescriptions for dietary needs or holistic medication;
- 288 v. Seizure activity information:
- 289 (a) Type and characteristics;
- 290 (b) Frequency and duration;
- 291 (c) Instructions for staff response; and
- 292 (d) Records of seizure activity.
- 293 vi. Adaptive equipment, protective devices, and facility
- 294 adaptations ;
- 295 vii. Required medical monitoring, including blood glucose
- 296 testing, blood pressure checks, and lab work;
- 297 viii. Reference to the Behavior Plan or Planning
- 298 Document if health care related issues are
- 299 addressed;
- 300 ix. Special instructions for carrying, lifting, positioning,
- 301 bathing, feeding, or other aspects of personal care;
- 302 x. Any known allergy to food, medication, bite or
- 303 stings, or pollen and steps to be taken when an
- 304 allergic reaction occurs; and
- 305 xi. Other individualized healthcare routines.

- 306 c. Complete medical history
- 307 i. Physical examination;
- 308 ii. Immunization records;
- 309 iii. Tuberculosis screening;
- 310 iv. Hepatitis B screening;
- 311 v. Type of developmental disability;
- 312 vi. Medication history;
- 313 vii. History of allergies;
- 314 viii. Dental history;
- 315 ix. Seizure history;
- 316 x. Developmental history; and
- 317 xi. Family medical history.
- 318 d. Medications
- 319 i. Copies of prescriptions or documentation of any
- 320 verbal or written medical orders from a medical
- 321 practitioner;
- 322 ii. Copies of the medication list provided upon discharge
- 323 from an inpatient or skilled nursing facility;

324 iii. A current medication log for each Member with the
325 following information:

326 (a) List of all [prescription and nonprescription](#)
327 medications administered to a Member [by or](#)
328 under the supervision of a direct care staff;

329 (b) The name of the Member who received the
330 medication;

331 (c) The name of the medication;

332 (d) The medication dosage;

333 (e) The date and time of administration;

334 (f) The route of administration;

335 (g) Special instructions for administration of the
336 medication; and

337 (h) Signature and initials of the direct care staff
338 who administered or supervised the
339 administration of the medication.

340 22. The Qualified Vendor providing Group Home service shall verify
341 that the Member's medication log matches with:

342 a. Current prescriptions;

343 b. Current medical orders; and

344 c. Discharge instructions upon discharge from a hospital or
345 facility.

346 23. The Qualified Vendor providing Group Home service shall notify
347 the Member's prescribing practitioner if any discrepancies are
348 identified between prescriptions, medical orders, discharge
349 instructions, or the medication log.

350 ~~17.21.~~ 24. The Qualified Vendor providing Group Home service
351 shall update the Member's medication log upon changes to the
352 prescriptions or non-prescription orders from a medical
353 practitioner.

354 **B. BEHAVIORAL-SUPPORTED~~ENHANCED BEHAVIORAL~~ GROUP HOME**
355 **(BSGHEBGH) ADDITIONAL REQUIREMENTS**

356 1. The Qualified Vendors operating a BSGH shall:

357 a. Accept any Member referred by the Division; and

358 i.b. Provide BSGHEBGH service for the referred Member.

359 2. The Qualified Vendor providing BSGH services shall, within 45
360 days of the Member's move-in to the BSGHEBGH, submit a
361 Behavior Plan to:
362

- 363 a. ~~The Division's Behavioral Health Administration; and~~
364 b. The Program Review Committee.

365 3. The Qualified Vendor providing BSGH services shall provide a
366 minimum of ten hours of Clinical Oversight each week per
367 BSGHEBGH setting, with a minimum of 50% of the hours
368 provided onsite in the BSGHEBGH.

369 ~~4. The Qualified Vendor providing BSGH service shall~~
370 ~~maintain and submit the following documentation to the~~
371 ~~Division's Behavioral Health Administration by the 10th day of~~
372 ~~each month:~~

- 373 a. ~~Clinical Oversight documentation for each Member;~~
374 ~~and~~
375 b. ~~A record of minimum hours of Clinical Oversight for~~
376 ~~the BSGHEBGH.~~

377 5.4. The Qualified Vendor providing BSGH service shall submit the
378 Clinical Oversight Standard Agenda form to the Division two
379 business days prior to the Clinical Oversight Meeting.

380 6.5. The Qualified Vendor providing BSGH service shall participate in
381 Clinical Oversight Meetings.

382 7.6. The Qualified Vendor providing BSGH service shall ensure the
383 following staff attend Clinical Oversight Meetings at minimum:

- 384 a. The Behavioral Health Professional (BHP) employed by the
385 Qualified Vendor; and
386 b. A Qualified Vendor representative.

387 8.7. The Qualified Vendor providing BSGH service shall require the
388 following when a Member transitions from the BSGHEBGH to a
389 new setting:

- 390 a. Current leadership, house supervisor, and BHP to tour the
391 potential receiving setting at the request of the
392 Responsible Person.
393 b. The receiving Qualified Vendor and Planning Team, with
394 input from both the BSGHEBGH and Division's clinician,
395 shall develop a transition plan that includes the following,
396 but is not limited to:
397 i. Member visit(s) to the new setting;
398 ii. The Member being observed by the receiving setting
399 staff and DSPs;

- 400 iii. Training of staff and DSPs at the new setting by the
401 [BSGHEBGH](#); and
402 iv. Documenting the required training of staff and DSPs
403 at the new setting on the Behavior Plan.
404 v. Training of Employment Services or Day Program
405 staff, as applicable.
406 vi. Using the Residential Pre-Move Checklist for
407 developing the transition plan.
- 408 c. [BSGHEBGH](#) clinical staff, with the Responsible Person’s
409 agreement, shall provide Clinical Oversight and support to
410 the Member and the receiving Qualified Vendor for up to
411 two months after the Member moves in as determined by
412 the transition plan.
- 413 d. The [BSGHEBGH](#) clinical staff shall:
414 i. Participate in all transition and post transition
415 meetings (i.e. medication reviews, Planning
416 Document, etc.) while providing the agreed upon
417 Clinical Oversight as outlined in the transition plan;

- 418 ii. Document all transition activities as outlined in the
419 Member's transition plan; and
- 420 iii. Provide documentation on transition activities during
421 all transition and post transition meetings.
- 422 e. The existing Qualified Vendor shall consult with the new
423 Qualified Vendor to update the Member's Behavior Plan.

424 **C. EMERGENCY RECEIVING HOME ADDITIONAL REQUIREMENTS**

- 425 1. The Division may change the designation of the Emergency
426 Receiving Home to a standard Group Home, if the Division
427 deems it necessary.
- 428 2. The Qualified Vendor providing Emergency Receiving Home
429 services shall accept any emergency Member referrals from the
430 Division.
- 431 3. The Qualified Vendor shall ensure all Emergency Receiving
432 Homes operated by the Qualified Vendor in which Members
433 reside:
- 434 a. Have sufficient staff immediately available to support the
435 Member; and
- 436 b. All DSPs have Prevention & Support training.

437 4. Qualified Vendors providing Emergency Receiving Home services
438 shall adhere to the requirements in Section (A). of this policy.

439 5. The Qualified Vendor shall ensure all Emergency Receiving
440 Homes operated by the Qualified Vendor in which Members
441 reside are fully furnished, including bedrooms.

442 **D. NURSING SUPPORTED GROUP HOMES (NSGHs) ADDITIONAL**
443 **REQUIREMENTS**

444 1. Qualified Vendors operating a NSGH in which Members reside
445 shall submit a monthly census of the NSGH no later than the last
446 day of the reporting month.

447 a. The Qualified Vendor operating a NSGH shall submit the
448 census ~~shall be submitted~~ through secure email to
449 DDDResidentialunit@azdes.gov; and

450 b. The Qualified Vendor operating a NSGH shall notify the
451 Division of all changes in Member moves, including internal
452 moves or external moves within two business days.

453 2. The Qualified Vendor operating a NSGH in which Members reside
454 may provide Nesting when requested by the Division's Health
455 Care Services Department.

456 3. Qualified Vendors who operate a NSGH and who provide Nesting
457 shall develop, implement, and submit Nesting policies and
458 checklists for review and approval by the Division's Network and
459 Health Care Services Department.

460 4. Qualified Vendors who operate a NSGH shall ensure that the
461 types and amount~~numbers~~ of nurses and other direct care
462 workers as required by the Acuity Plan are present in the NSGH.

463 ~~3.~~

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465